

State of California—Health and Welfare Agency
Form Approved OMB No. 2050-0030 (Expires 9-30-91)
Please print or type. (Form designed for use on elite (12-pitch typewriter).

See Instructions on Back of Page 6
and Front of Page 7

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

3. Generator's Name and Mailing Address

SILICON GENERAL
11861 WESTERN...

GARDEN GROVE CA 92641
Generator's Phone XXXX 714/898-8121

5. Transporter 1 Company Name
OMEGA RECOVERY SERVICES

7. Transporter 2 Company Name
OMEGA RECOVERY SERVICES

9. Designated Facility Name and Site Address
OMEGA RECOVERY SERVICES
12504 E. WHITTIER BLVD
WHITTIER, CA 90602

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)
WASTE CORROSIVE LIQUID N.O.S
CORROSIVE LIQUID UN1760 (MICROSTRIP)

12. Containers
No. Type
004 DM 010/1815 G

13. Total Quantity
14. Unit
Wt/Vol
State
EPA/Other
State
EPA/Other
State
EPA/Other
State
EPA/Other

15. Additional Descriptions for Materials Listed Above
A. MICRO STRIP

16. Special Handling Instructions and Additional Information
OMEGA PROFILE NUMBER

17. Generator's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

18. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name
Signature
Month Day Year

19. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name
Signature
Month Day Year

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name
Signature
Month Day Year

21. Discrepancy Indication Space

22. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name
Signature
Month Day Year

23. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
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IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

OSHA 9022 A (1/88)
EPA 8700-22
Rev. 6-85 Previous editions are obsolete.

Do Not Write Below This Line

White: TSDS SENDS THIS COPY TO DOHS WITHIN 30 DAYS
To: P.O. Box 3000, Sacramento, CA 95812